

BOOT CAMP HOCKEY/DYNAMIC SKATING APPLICATION

Player's Full Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work (____) _____

Email _____

Date of Birth ___/___/___ AGE _____ Gender _____

Parent's Names _____

Roommate Request _____

JERSEY SIZE (Circle One): **Adult** S M L XL

T-SHIRT SIZE (Circle One): Youth L or Adult S M L XL

Insurance Carrier _____

Policy Number _____

Parent Consent Form: I have read the brochure and application and agree to the terms and conditions herein. I certify that the questions on the application have been answered correctly. I hereby give my consent for my child to participate in the programs operated by Boot Camp Hockey and it's proprietors. I further agree that Boot Camp Hockey will not be held responsible for any accidents, injury or loss, however caused, during the hockey school session attended by my child. This is also my permission to have my child admitted, and attended to, for medical or dental treatment in case of sickness or injury.

Signature of Parent or Guardian

Date

Cancellation Policy:

Prior to May 1 all cancellations will receive a 25% refund. After May 1, you will receive a 25% Letter of Credit for amount paid for a camp the following year and any cancellations within 45 days of the first day of the first camp session will receive no refund of any kind. If the player is injured or becomes sick, he/she will receive a Letter of Credit worth 50% of the REMAINING days left in that camp for the following year.

You can always visit our website for more information or call us at 917-420-3804.

www.bootcamphockey.com

2 Easy Ways to Register

1. Internet: www.bootcamphockey.com

2. Mail: Boot Camp Hockey
315 Ellington Ave.
Garden City, NY 11530

We accept credit cards or checks

Please call us at 917-420-3804 if you have any questions.

CAMP INFORMATION:

Date of Camp: _____

Name of Camp: _____

Age: _____

TOTAL DUE: \$ _____

AMOUNT ENCLOSED or CHARGED: \$ _____

METHOD OF PAYMENT:

CHECK _____ VISA _____ MC _____

Card Number _____

EXP Date _____ Sec. Code _____ Total \$ _____

Signature _____

Billing Address _____

NOTES: